

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-040800

STATE FILE NUMBER

Registration District No. 25-7 Primary Registration District No. 5884 Registrar's No. 33

DO NOT WRITE
ON THIS STUB

AMENDED

FILED NOV 12 1963

1. PLACE OF DEATH a. COUNTY Osage		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Osage	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Washington Twp.		c. CITY OR TOWN Freeburg, Mo. Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION County Road		d. STREET ADDRESS (If outside, give location) Washington Twp. Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last Anthony M. Welschmeyer		4. DATE OF DEATH Month Day Year Nov. 1, 1963	
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 5/3/1908
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming	
11. BIRTHPLACE (City and state or country) Osage County, Mo.		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Gerhard Welschmeyer		13b. MOTHER'S MAIDEN NAME Anna Pohl	
14. NAME OF HUSBAND OR WIFE Mary Welschmeyer		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No.	
16. SOCIAL SECURITY NO.		17. INFORMANT Address Mary Welschmeyer, Freeburg, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Presumed to be Natural Cause</i> DUE TO (b) <i>was going fishing and suffered apparent heart attack while driving his auto. He</i> DUE TO (c) <i>Had been treated by a physician & was still in hospital</i> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH (but not related to the terminal disease condition given in PART I (a)) <i>Investigated by Coroner - Osage County</i> PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <i>No foul play</i>		20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION Freeburg, Mo.		20g. COUNTY Osage	
20h. STATE Mo.		21. I attended the deceased from _____, to _____, and last saw her/him alive on _____. Death occurred at <i>- apparently -</i> 11.00A on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE (Degree or title) <i>Mrs. Clyde Norton Local Registrar</i>		22b. ADDRESS <i>Lenexa Mo</i>	
22c. DATE SIGNED 11-2-63		23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
23b. DATE 11/4/63		23c. NAME OF CEMETERY OR CREMATORY Holy Family Cemetery	
23d. LOCATION (City, town, or county) Freeburg, Mo.		23e. REGISTRAR'S SIGNATURE <i>Mrs. Clyde Norton</i>	
24. FUNERAL DIRECTOR W. C. Birmingham Funeral Home		25. DATE RECD. BY LOCAL REG. 11-4-63	
26. ADDRESS Vienna, Mo.		27. LICENSED EMBALMER'S STATEMENT ON REVERSE SIDE	

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS 300
Rev. 4/59

1 0760

2 0760

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12 91-8

13 20

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

McBirmingham

Licensed Embalmer No.

3664

P. O. Address

Vienna Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.